STATE OF NORTH CAROLINA
THE NORTH CAROLINA MEDICAL CARE COMMISSION
Division of Health Service Regulation
(HOSPITAL)
CONSTRUCTION AND/OR REFINANCING PROJECT
APPLICATION FOR PROJECT FINANCING ASSISTANCE
UNDER AUTHORITY OF THE HEALTH CARE FACILITIES FINANCE ACT

Pursuant to Chapter 131A of the North Carolina General Statutes, the undersigned hereby makes application for financing assistance for the proposed project described below:

1. Legal Name of Applicant: _____

2. Address of Applicant: _____
(Street and Number) (Zip)

_____
(City) (State) (County)

_____
(Mailing Address if Different From Above)

3. Chief Executive Officer: _____

Phone No.: _____ Fax No: _____

Email address: _____

4. Project Contact Person: _____

Phone No.: _____ Fax No: _____

Email address: _____

5. Organization:

a. Ownership _____

b. Tax Status _____

6. Describe briefly but completely the scope of the proposed project:

_____

_____

_____

_____

_____

7. **Site Information:**

A. Geographic location of proposed construction:

County_____City or Town

B. Has site been acquired? Yes ___ No ___Size of Site:____acres

(1) Does the applicant hold an option on the potential size?

(2) Describe terms of option:

C. If site has been acquired:

(1) Describe interest in site:

___Fee Simple Title ___Leasehold

___Other (explain)_____

(2) If interest is leasehold give following information:

(a) Term of leasehold (99 yrs., 50 yrs., etc.) _____years

(b) Is lease renewable? Yes___ No ____

(3) Describe on attachment any encumbrances which may interfere with use or enjoyment of premises for purposes of the facility (mortgages, liens, assessments, mineral or mining rights, restrictive clauses in the instrument of conveyance, easements, rights-of-way, zoning ordinances building restrictions, etc):

8. **Have you completed any construction, renovation or purchase and installation of equipment which would be subject to review for licensure but which has not been reviewed by the Division of Facility Services? If the answer is yes, please attach an explanation.**

9. **Do you have any outstanding licensure, certification or regulatory issues which have not been resolved as of the date of this application? If the answer is yes please attach an explanation.**

10. **Do you have any life safety issues which should be addressed as a part of this bond issue? If the answer is yes please attach an explanation.**

11. **Community Benefits Reporting – the attached form related to Community Benefits should be completed as a part of this application.**

12. Financial Information Applicable to This Project

A. Sources:

(1) Cash and negotiable securities from reserves $ _____

(2) Principal amount of bonds to be issued _____

(3) Interest earned during construction _____

(4) Other: _____ _____

(5) Other: _____ _____

(6) Other: _____ _____

(7) Other: _____ _____

TOTAL SOURCES OF FUNDS $ _____

B. Project Cost Estimates:

(1) Site Costs

a. Land acquisition including survey fees, legal fees and subsoil investigation $ _____

b. Site utility development and accessibility costs including necessary engineering fees _____

Total Site Costs $ _____

(2) Construction Costs

a. Construction contracts (including fixed equipment, installation, and associated construction costs: list separate projects) $ _____

b. Architect's fees (___%)

1. Architect reimbursables _____

c. Contingency - 1% of construction _____

d. Total Moveable Equipment Budget (including installation) _____

e. Surveys, Tests, Insurance, etc. _____

f. Consultant Fees (Related to Construction - List)

1. _____ _____

2. _____ _____

3. _____ _____

Total Construction Costs $_____

(3) Refinancing and/or Other Project Costs $ _____

a. Amount required to prepay loan _____

b. Escrow amount to refund bonds _____

c. Other refinancing items _____

_____
_____
_____

d. Other project costs:

_____
_____
_____

TOTAL REFINANCING OR OTHER COSTS $_____

TOTAL NON-FINANCING COSTS $_____
(*Item 2 & Item 3*) C.

Financing Costs:

(1) Bond Interest during Construction $ _____

(2) Debt Service Reserve Fund _____

(3) Bond Insurance/Letter of Credit Fee _____

(4) Underwriters' Discount/Placement Fee _____

(5) Other Cost of Issuance _____

a. Feasibility Fees _____

b. Accountants Fees _____

c. Legal Fees for Corporation Counsel _____

d. Bond Counsel _____

e. Rating Agencies _____

f. Trustee Fees _____

g. Printing Costs _____

h. Division of Health Service Regulation Reimbursables _____

i. Local Government Commission Reimbursables $ _____

j. Other: (List)

(1)_____ _____

(2)_____ _____

(3)_____ _____

(4)_____ _____

TOTAL FINANCING COSTS **$**_____

TOTAL PROJECT COST **$**_____

13. Construction Schedule Estimates:

A. Target Dates for Final Construction Documents _____

B. Target Dates for Starting Construction _____

C. Target Dates for Construction Completion & Occupancy _____

14. Equal Employment Opportunity Certification

This facility is committed to equal employment opportunity for all applicants and employees. Accordingly, this facility neither practices nor condones any form of discriminatory behavior against applicants or employees on the basis of race, color, national origin, religion, sex, age or handicapping condition.

The undersigned hereby certifies that the attachments and foregoing statements are correct to the best of his knowledge and belief.

Date_____

Name of Responsible Officer:_____

Title:_____

Signature of Officer:_____

SHOULD BE INCLUDED IF AVAILABLE

The following documents are enclosed for your review:

___ **Certificate of Need for Proposed Project if one is required**

___ **Preliminary Equipment List - (Provide an itemized breakdown of equipment over $100,000)**

___ **Preliminary Feasibility Study or Internally Generated Projection for at Least One Year Past Project Completion including actual debt service coverage for last fiscal year and projected debt service coverage for the three succeeding fiscal years**

___ **Schematic Plans**

___ **Audited Financial Statements for Previous Three Years (if not part of Preliminary Feasibility Study)**

Community Benefits/Charity Care

Hospitals applying for financing through the North Carolina Medical Care Commission should submit an NCHA ANDI Form with the application, listed as Form #3 under Hospital Forms.

Distribution

Forward original with attachments and two signed copies without attachments of this form to Mr. Robert J. Fitzgerald, Secretary.

Street Address For Overnight Delivery:
N.C. Medical Care Commission
701 Barbour Drive
Raleigh, North Carolina 27603
Telephone: (919) 855-3750
Fax: (919) 733-2757

Mailing Address:
N.C. Medical Care Commission
2701 Mail Service Center
Raleigh, North Carolina 27699-2701